



AT A GLANCE

Preventive Health and Health Services Block Grant

An Essential Public Health Resource 2007



“The PHHS Block Grant is the only source of funding for a range of disease interventions that are important to the public but which do not have designated funding. It also allows states to address the underlying causes of the major chronic disease killers—cardiovascular disease, diabetes, stroke, and cancer.”

*J. Nick Baird, MD
Director, Ohio Department of Health*

January 2007

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION**

The Role of Block Grant Funding

In 1981, Congress authorized the Preventive Health and Health Services (PHHS) Block Grant. The PHHS Block Grant gives its 61 grantees—which include all 50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories—the autonomy and flexibility to tailor prevention and health promotion programs to their particular public health needs. States are expected to align their programs with *Healthy People 2010* national health goals.

The PHHS Block Grant is a critical public health resource that is used to

- Address basic health issues such as water fluoridation, food safety, and preventing falls among older adults.
- Respond rapidly to emerging health threats in states.
- Fund critical prevention efforts to address specific health issues, such as skin cancer, child safety, and untreated dental decay, that lack categorical state funding.
- Protect investments in and increase the effectiveness of categorically funded programs that address specific health problems.
- Leverage small amounts of money for greater impact.

Flexible Funding for Public Health Efforts

As states continue to undergo significant budget challenges, they must make every dollar count to meet the needs of their residents. The PHHS Block Grant allows states to target funds to prevent and control chronic diseases such as heart disease, diabetes, and arthritis or to direct funds to meet the challenges of outbreaks of infectious and waterborne diseases.

“The PHHS Block Grant provides Florida with the ability to address differing local needs in a timely and flexible fashion.”

Bonita J. Sorensen, MD, MBA
Deputy State Health Officer
Florida Department of Health

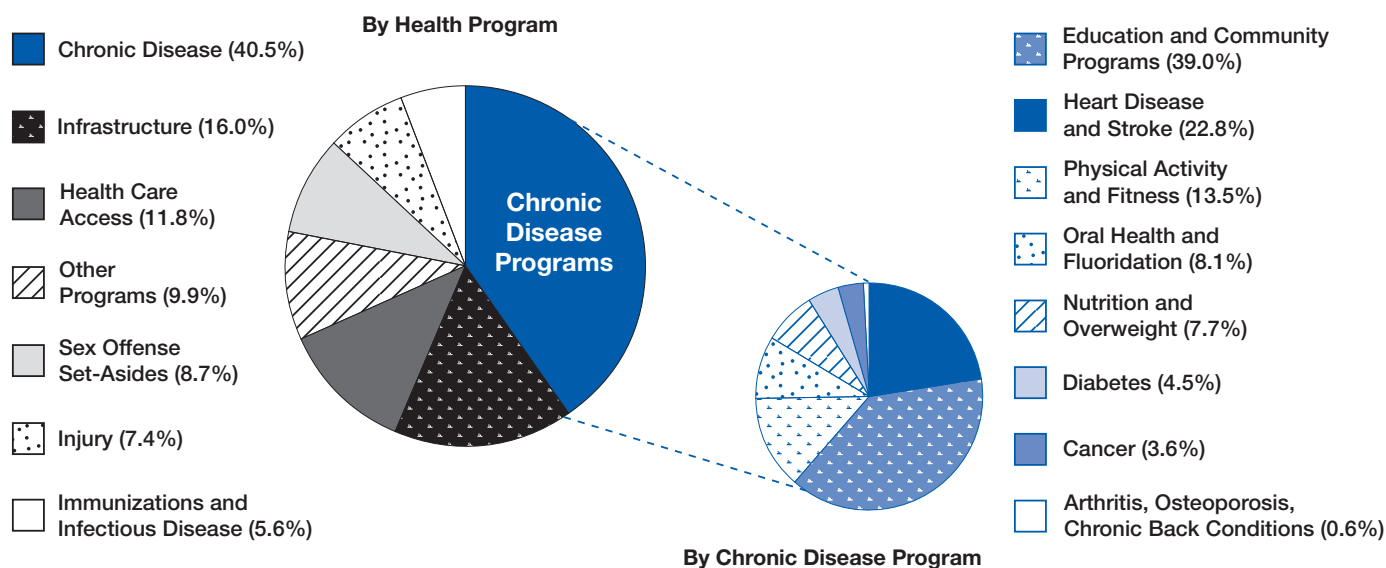
Funding Local Communities

The PHHS Block Grant is a significant source of funding for health promotion and disease and injury prevention in communities across the nation. Nearly 42% of these funds are distributed by states to local governments and organizations to address local public health problems.

For example, over the past two years, Kentucky has given \$75,000 of its PHHS Block Grant funding to Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physicians Care program to address the health care needs of the poor and uninsured.

In Massachusetts, the PHHS Block Grant funds a community health program that immunizes refugees and immigrants for hepatitis B, tuberculosis, and other communicable diseases. It also supports a program that promotes and administers flu shots to older adults.

PHHS Block Grant Funding, Fiscal Year 2007



Leveraging Block Grant Funds

PHHS Block Grant funds also have provided start-up money for programs that are now supported by other sources.

These programs have become self-sustaining, which allows PHHS Block Grant funds to be redirected to other public health priorities. For example, New Jersey started its prostate cancer outreach and education program with \$25,000 from the PHHS Block Grant. The program currently receives \$900,000 in state funds each year to provide education to more than 12,000 men and prostate cancer screening to 1,918 men.

Rhode Island used PHHS Block Grant funds to start several programs that promote physical activity and work site wellness. These programs now receive extensive in-kind support from private organizations. In Connecticut, state funds fully support the Occupational Health Program and the Water Supplies Program, both of which were started with PHHS Block Grants.

In 1989, California used PHHS Block Grant funds to develop the California Epidemiological Investigation Service (Cal-EIS), an intensive, 2-year training program for epidemiologists. The PHHS Block Grant provided the only funding for this program, which was the first of its kind offered by a state health department. Since 1989, the Cal-EIS program has become a model for the nation and is being replicated in

other states, including North Carolina and Florida. PHHS Block Grant dollars also have helped to bring in more than \$1.7 million in state and county funds to support this program.

Meeting Health Care Needs When No Other Funds Exist

In Puerto Rico, the PHHS Block Grant is being used to address a leading public health problem—the high rate of diabetes among Hispanics. In 2003, the grant provided the sole funding for a pilot health literacy intervention called Know Your Health.

This intervention targeted people with type 2 diabetes who live in three socially isolated, economically disadvantaged communities in Puerto Rico. Know Your Health sought to improve participants' knowledge of diabetes, their diet and physical activity levels, and their ability to manage their own blood sugar levels and perform self-evaluations.

After they completed the four required educational sessions, participants' knowledge about diabetes had increased by 15.7%, and their blood sugar levels had improved as well. A follow-up survey indicated that participants' visits to emergency rooms for diabetes complications had decreased by 35%. Since 2003, the Know Your Health project has expanded to 30 additional communities, and more than 850 people with type 2 diabetes have participated.

CDC's National Leadership

CDC plays a vital role in ensuring that states are accountable for the use of funds and that state block grant coordinators have the necessary knowledge and skills.

Developing the Electronic Grant Application and Reporting System

Since 1994, states have been required to submit a state plan that includes selected health objectives from *Healthy People 2010* and descriptions of health problems, target populations, and planned activities. To help track states' progress toward achieving their objectives, CDC worked with states to develop the electronic Grant Application and Reporting System (GARS).

This accountability tool helps to focus interventions on specific health problems and ensure that grantees are responsible for outcomes. GARS software can perform the following functions:

- Tie award amounts to national *Healthy People 2010* objectives and establish state-level health status objectives that reflect national goals.
- Describe health problems and their associated target populations.
- Describe impact and outcome objectives.
- Allow states to relate program activities to public health's 10 essential services, as identified by the Institute of Medicine.
- Allow states to identify the PHHS Block Grant's role in funding health priorities.
- Enable states to complete an electronic annual report that describes changes in health objectives and progress toward completing program activities.

"As progress is made in identifying associated disease risk factors and local disparities, the PHHS Block Grant is the first and often only funding to be made available to address new issues in a timely fashion."

Gregg A. Pane, MD
Director

District of Columbia Department of Health

PHHS Block Grants in Action

Arizona

Since 2003, Arizona has used the PHHS Block Grant to fund a skin safety program for students in grades K–8. Arizona schools had not taught sun safety in the past, but 650 schools began doing so within 3 years of receiving the PHHS Block Grant funding. In August 2005, Arizona became the first state to mandate sun safety education in its schools. As a result, more than 707,000 children are learning sun safety in 1,100 K–8 public schools throughout the state. A program that began with \$81,500 of PHHS Block Grant dollars is now available to all schoolchildren in Arizona.

Iowa

Obesity is a major contributor to chronic diseases such as heart disease, diabetes, arthritis, and some cancers. It is also a serious problem in Emmett County, Iowa, where 61.2% of residents are overweight or obese. In addition, an estimated 27% of the population is believed to have undetected high blood pressure, another contributor to chronic diseases. With PHHS Block Grant support, the Iowa Department of Public Health worked with Avera Holy Family Health, the county's largest health care system, to develop the Emmett County Lifestyle Challenge. This program emphasizes gradual weight loss through improved food choices, regular physical activity, and a lifetime of healthy behavior. Health data, including monthly weight checks with a registered dietitian, are collected over 5 years and shared confidentially with participants.

Since 2001, 330–450 people have participated in the program each year, and the average weight loss per person is 3.5–5 lbs. Over time, residents shifted their focus from short-term diets to lifestyle changes for long-term health. The program also has been adopted in other areas, including Mount Pleasant, Iowa; Fort Collins, Colorado; and Columbus, Indiana.

Louisiana

When Hurricane Katrina struck the United States in 2005, a national news network predicted a widespread tuberculosis (TB) outbreak. As thousands of people poured out of New Orleans and into emergency shelters, 137 people known to be infected with infectious TB evacuated to unknown areas. When untreated, this contagious disease can spread easily through the air by coughing, sneezing, or even talking. Given the realities of packed shelters and close quarters for so many evacuees, the possibility for transmission of TB was high. In addition, four of the eight people working in the Louisiana

TB program funded by the PHHS Block Grant had left the area, and state laboratory and pharmacy offices had been destroyed. Despite these conditions, all 137 people with TB were located and given medicine, and no outbreaks occurred. The PHHS Block Grant gives Louisiana the flexibility to fund this critical program, which proved to be even more critical during a disaster.

Pennsylvania

African American men are more likely to die of stroke and at younger ages than any other segment of the adult U.S. population. Stroke is a leading cause of adult disability and the third leading cause of death in Pennsylvania. Risk factors include high blood pressure, preexisting heart disease, and smoking. In Pennsylvania, PHHS Block Grant funding was combined with funds from the state Cancer Prevention and Control Section for an intervention designed to increase stroke and prostate cancer screening among minority populations. This intervention provided stroke and prostate cancer education to African American men aged 35 or older in urban communities in Allegheny County and parts of Philadelphia.

Recipients learned how to reduce their personal risk for both diseases and what to ask their health care provider about prostate cancer screening. As of June 2006, the intervention had reached 16,860 African American men through health fairs, the media, and group educational sessions. Combining two diseases that affect the same population group into one intervention has been a successful strategy to attract African American men to participate.

West Virginia

West Virginia faces many challenges in providing prehospital emergency care, including a lack of emergency medical services (EMS) resources and the state's mountainous topography. The state also is mostly rural, and about 127 of the 209 agencies that provide EMS coverage for the state are either all volunteer or a combination of paid and volunteer staff. The PHHS Block Grant provides 65% of the funding for West Virginia's Office of EMS, which works to promote, support, and enhance a comprehensive EMS system. This funding also provides local training classes for instructors and coordinators, many of whom would not be able to afford to travel to classes otherwise. As a result, EMS response time is now less than 20 minutes in every rural community in the state.

**For more information, please contact the Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop K–30, Atlanta, GA 30341-3717
Telephone: 770-488-5080 • E-mail: ccdinfo@cdc.gov • Web: <http://www.cdc.gov/nccdphp/blockgrant>**